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CONFIRMATION NO. 6098

SERIAL NUMBER 10/695,117	FILING OR 371(c) DATE 10/28/2003 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. ACIZ-357-101	
APPLICANTS Darin Trees, Dickinson, TX; ** CONTINUING DATA ***** This appln claims benefit of 60/422,016 10/29/2002 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/27/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS 28120					
TITLE THERAPEUTIC EXERCISE DEVICE					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		